

KENT COUNTY COUNCIL

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER,

For the year 1918

BY

ALFRED GREENWOOD, M.D., B.Sc., D.P.H

(Barrister-at-Law),

School Medical Officer.



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KENT COUNTY COUNCIL.

EDUCATION COMMITTEE, APRIL, 1919.

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*BROWN, SYDNEY	*MITCHELL, J. LAWRENCE
*COLLET, SIR MARK E., Bt.	*NOBLE, B.
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* Indicates that the Member belongs to the Elementary Education Sub-Committee. This Sub-Committee is responsible for carrying out the work of medical inspection.

† Sir Mark Collet is acting as Vice-Chairman of the Education Committee during Mr. d'Avigdor-Goldsmid's absence.

DEPARTMENT OF THE COUNTY MEDICAL OFFICER,
SESSIONS HOUSE,
MAIDSTONE,

April 14th, 1919.

To the Chairman and Members of the Kent Education Committee.

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit herewith my Sixth Annual Report upon the work of medical inspection of school children in the County of Kent.

This report indicates the record of such work for the year ended December 31st, 1918.

In spite of a continuance of the war, the work has been carried out with a minimum amount of dislocation.

I thank you for the encouragement and support which I have always received from you.

I wish to acknowledge the help received from the members of my staff, who have carried out their work most creditably under difficult circumstances.

I am, my Lords, Ladies, and Gentlemen,

Your obedient servant,

ALFRED GREENWOOD,

School Medical Officer.

KENT EDUCATION COMMITTEE.

Report of the School Medical Officer ON THE Medical Inspection of School Children, For the Year ended December 31st, 1918.

This report contains a survey of the work carried out during the year 1918, and is submitted in accordance with the requirements of the Board of Education.

ADMINISTRATIVE DETAILS.

The following administrative details are important as affecting the general question of organisation and cost of medical inspection work. The figures given are the latest available under the different headings:—

Population of the Administrative County, 1918 ...	1,022,438
Deduct population in areas which are autonomous for purposes of Elementary Education	491,642
Total estimated population in the area of the Kent Education Authority, 1918	530,796
Acreage of the County	971,991
Rateable value of the County, January, 1919 ...	£6,378,445
Assessable value of the County, January, 1919 ...	£6,047,436
Id. produces for purposes of Elementary Education	£13,582
„ „ Higher Education ...	£25,197
Number of schools, January, 1919	450
Number of departments, January, 1919	633
Approximate average attendance, year ended January, 1919	68,500

The actual work of inspection is carried out by a staff of three whole-time and twelve part-time inspectors. Two of the former devoted part of their time to tuberculosis work during the year, as a temporary arrangement.

Dr. C. Smith terminated her engagement as temporary school medical inspector on December 18, 1917, and was succeeded by Dr. I. B. Barclay on January 19, 1918, who, in turn, resigned as from June 21, 1918. Dr. E Davidson was appointed in his stead on July 22, 1918,

SANITARY SURVEYS.

These have been carried out in the various schools where necessary, and any defects requiring attention have been reported to the Committee.

COST OF INSPECTIONS.

The total approximate cost of the actual inspection of school children, inclusive of travelling expenses, during 1918, was £1,500, as compared with £1,795 during 1917, and £1,800 during 1916.

ARRANGEMENTS FOR INSPECTION.

Full details concerning organisation and supervision have been set out in previous reports, and need not be repeated here.

With the consent of the Board of Education, the routine examination of scholars, in age groups, by the whole-time staff, was discontinued during 1916, since when the work has been limited to the examination of defective cases.

So far as the part-time inspectors are concerned, the usual routine inspection of "entrants," "leavers" and the intermediate group, together with exceptional cases, still continues.

CLASSIFICATION OF CHILDREN EXAMINED.

Table 1.

No. of Children Inspected 1st January 1918 to 31st December, 1918.

A. "CODE" GROUPS.

				Entrants.				
Age	3	4	5	6	Other Ages.	Total.
Boys	—	5	630	307	78	1,020
Girls	—	2	600	289	96	987
Totals	—	7	1,230	596	174	2,007

Continued.

Table 1.—*continued.*

	Intermediate Group.	Leavers.					Grand Total.
Age	8	12	13	14	Other Ages.	Total.	
Boys ...	873	21	899	107	1	1,028	2,921
Girls ...	797	28	1,012	21	1	1,062	2,846
Totals	1,670	49	1,911	128	2	2,090	5,767

B. GROUPS OTHER THAN "CODE."

(1)	Intermediate Group (other than 8 years).	Special Cases.	Re-Examinations (i.e. No of Children Re-examined). (4)
Boys	—	2,811	1,966
Girls	—	2,733	2,063
Totals ...	—	5,544	4,029

Total number of children medically inspected in 1918 ...	11,311
Number of these children suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation, but not referred for treatment	489
Number of children who were referred for treatment, excluding uncleanliness, defective clothing, etc. ...	5,259
Number of these children who have been re-inspected and found to have received treatment for one or more defects.. (Note.—The majority of children referred for treatment during 1918 were not re-inspected during the year, and therefore no record is at present available as to whether they have yet received treatment.) ...	614
Number of children found to be untreated at a subsequent inspection	504
Number of children recorded for treatment in 1917 and carried forward to 1918	4,029
Number of these 1917 children who were recorded in 1918 as having received treatment	1,377

Table 2. Return of Defects found in the course of Medical Inspections in 1918.

					CODE GROUPS.			SPECIALS.		
					Number referred for treatment.		Number to be kept under observation but not referred for treatment.	Number referred for treatment.		Number to be kept under observation but not referred for treatment.
Clothing	...	...	...	...	4	...	—	13	...	1
Footgear	...	...	...	...	—	...	—	6	...	1
Malnutrition	...	...	...	...	38	...	—	30	...	—
Uncleanliness	{	Head	...	...	149	...	—	88	...	—
		Body	...	...	12	...	—	76	...	—
Ringworm	{	Head	...	...	3	...	—	38	...	1
		Body	...	...	—	...	—	5	...	1
Scabies	...	...	...	...	15	...	1	24	...	4
Impetigo	...	...	...	...	10	...	—	58	...	—
Other Skin Diseases	...	...	...	...	21	...	1	102	...	2
Defective Vision and Squint	...	...	...	...	433	...	—	493	...	26
External Eye Diseases	...	...	...	...	21	...	1	148	...	9
Defective Hearing	...	...	...	...	86	...	1	111	...	6
Ear Disease	...	...	...	...	48	...	—	97	...	4
Teeth	...	...	...	...	433	...	—	395	...	—
Enlarged Tonsils	...	...	...	...	806	...	—	311	...	13
Adenoids	...	...	...	...	66	...	—	196	...	12
Enlarged Tonsils and Adenoids	...	...	...	...	123	...	—	340	...	1
Heart Disease—Organic	...	...	...	...	36	...	—	55	...	—
Heart Disease—Functional	...	...	...	...	22	...	—	38	...	3
Anæmia	...	...	...	...	27	...	—	133	...	2
Pulmonary Tuberculosis—										
	Definite				4	...	—	20	...	1
Pulmonary Tuberculosis—										
	Suspected				28	...	—	16	...	9
Chronic Bronchitis	...	...	...	...	11	...	1	31	...	2
Other Lung Diseases	...	...	...	...	27	...	—	162	...	7
Epilepsy	...	...	...	...	2	...	1	21	...	12
Chorea	...	...	...	...	10	...	3	58	...	8
Other Nervous Diseases	...	...	...	...	10	...	—	17	...	4
Tuberculosis non-pulmonary	{	Glands	...	...	7	...	—	34	...	2
		Bones and Joints	...	...	3	...	1	6	...	6
		Other Forms	...	...	—	...	—	12	...	3
Speech	...	...	...	...	12	...	—	54	...	8
Rickets	...	...	...	...	16	...	—	135	...	—
Deformities	...	...	...	...	20	...	—	99	...	9
Mental Conditions	...	...	...	...	—	...	22	39	...	222
Miscellaneous	...	...	...	...	269	...	18	592	...	94

The following tables show details which are not ascertainable from Table 2.

HEIGHT AND WEIGHT.—Below are set out the heights and weights of a majority of the children examined in the Kent schools in 1918. The figures have been taken in respect of children in both town and country schools, and probably give a fairly reliable figure for purposes of reference.

Table 3.—Showing the average height in inches of boys and girls at different age groups.

BOYS.			GIRLS.		
Age.	Numbers examined.	Av Height in inches.	Age.	Numbers examined.	Av. Height in inches.
5	600	40.8	5	600	40.5
6	250	42.0	6	250	41.8
8	750	48.9	8	750	48.7
13	750	55.6	13	750	56.6
14	100	58.0	14	20	57.7

Table 4.—Showing the average weight in pounds of boys and girls at different age groups.

BOYS.			GIRLS.		
Age.	Numbers examined.	Av. Weight in lbs.	Age.	Numbers examined.	Av. Weight in lbs.
5	600	39.2	5	600	38.2
6	250	41.3	6	250	39.7
8	750	55.6	8	750	52.9
13	750	75.3	13	750	76.8
14	100	82.2	14	20	83.6

Table 5.—*Eye Defects.*

Classification.	Numbers exam- ined.	Squint.		Bleph- aritis.	Conjunc- tivitis.	Corneal Opacities.	Other
		No. of Cases.	Per- centage.				
Entrants—							
Boys ...	1,020	18	1.77	5	—	—	3
Girls ...	987	19	1.93	3	—	1	5
Intermediate Group—							
Boys ...	873	13	1.49	3	—	—	4
Girls ...	797	8	1.01	2	—	—	2
Leavers—							
Boys ...	1,028	10	0.98	2	—	—	5
Girls ...	1,062	13	1.23	5	2	2	6
Totals...	5,767	81	1.41	20	2	3	25

Table 6.—*Defects of Vision.*

Classification.	Numbers examined.	Children with defective vision.	
		More than 6-9ths.	6-9ths.
Leavers { Boys	1,028	79	12
{ Girls	1,062	95	13

Table 7.—*Showing cases of Defective Teeth.*

Age.	Sex.	Numbers examined.	Four or more defective teeth.	Less than four defective teeth.	Total number with carious teeth.
5	{ Boys	630	104	137	241
	{ Girls	600	70	155	225
6	{ Boys	307	49	66	115
	{ Girls	289	48	78	126
8	{ Boys	873	140	298	438
	{ Girls	797	112	266	378
13	{ Boys	899	82	231	313
	{ Girls	1,012	70	242	312
14	{ Boys	107	2	7	9
	{ Girls	21	—	4	4
Totals...		5,535	677	1,484	2,161

Table 8.—Showing the age distribution of the cases of phthisis, suspected phthisis and other tuberculous conditions discovered at 1918 inspections, and the rate per 1,000 of children suffering.

Age.	Boys.			Girls.			Total.			Numbers examined.	Total rate per 1,000		
	Phthisis.	Suspected Phthisis.	Others.	Phthisis.	Suspected Phthisis.	Others.	Phthisis.	Suspected Phthisis.	Others.		Phthisis.	Suspected Phthisis.	Others.
5	0	3	1	0	0	0	0	3	1	1,230	0.00	2.44	0.82
6	1	1	0	0	2	1	1	3	1	596	1.68	5.04	1.68
8	0	8	2	0	9	3	0	17	5	1,670	0.00	10.18	3.00
13	1	2	2	2	2	0	3	4	2	1,911	1.57	2.10	1.05
14	0	1	1	0	0	0	0	1	1	128	0.00	7.82	7.82
Except: cases	8	9	23	12	7	29	20	16	52	5,544	3.61	2.89	9.38
Totals	10	24	29	14	20	33	24	44	62	11,079	2.17	3.98	5.60

Free facilities have been given throughout the year whereby children suffering from tuberculosis can be treated at the twenty-one tuberculosis dispensaries which have been provided by the Kent County Council, and parents of all children found to be so suffering by the medical inspector have been communicated with, drawing their attention to the fact that it would be advisable to take the children concerned to the nearest County Council dispensary, if they are not already under private medical care.

One hundred and sixty-six certificates of exclusion from school for varying periods on account of tuberculosis have been issued by me during the year, following the recommendations of my tuberculosis officers.

Institutional treatment is also provided both by the Kent Education Committee and by the Kent County Council.

When such can be arranged, I would recommend the universal adoption of open-air or playground classes. From my previous experience, I am convinced that these classes are extremely valuable for children with anæmia and low resisting-power.

RINGWORM.

Two hundred and eighty-four cases of ringworm were under observation during the year. Of this number, 236 were fresh notifications and forty-eight were brought forward from 1917.

The seat of infection was as follows:—

	Head.			Body.			Head and Body.		
Boys	109	...	23
Girls	123	...	18

The cases were distributed over all but ten of the non-autonomous sanitary districts of the county, the following areas showing the greatest

numbers:—Tonbridge Rural 25, Sheerness Urban 24, Ashford Urban, Bexley Urban and Bromley Rural 20 each, Tonbridge Urban 18.

Every effort is made to ensure that all cases and suspected cases are immediately reported to me by the head teachers, and the information is at once transmitted to the school nurse concerned for immediate visitation and “following up” as required.

Two hundred and fifty-five specimens of hairs from these cases were submitted for examination at the county bacteriological laboratory. One hundred and ninety-two were positive and sixty-three negative. In one case it was found necessary to examine no less than eleven specimens before that particular child could be pronounced free from infection.

X-ray treatment has been undertaken in as many cases as possible, where the parents have given their consent, but as the facilities have been limited, only the most persistent cases have been selected for such attention. Full details are shown in Table 14.

The average period of absence after X-ray treatment (i.e., from the date of actual application to the date of re-admission) was fifty days for boys and forty-five days for girls, whereas in the cases not so treated the average periods of absence were 133 and 163 days respectively.

At the time of writing, arrangements are in hand for an extension of the facilities for X-ray treatment, and this will undoubtedly result in a considerable saving of school attendance.

MEDICAL TREATMENT.

The methods employed to ensure that treatment is obtained are briefly as follows:—It is an ordinary routine requirement that parents should be notified of any defect from which their children may be found to be suffering. Particulars of each child in respect of whom such a recommendation has been made are entered in the medical log-book, and the child is re-examined on the occasion of the next inspection. Where no action has been taken to ameliorate the condition, a further recommendation is forwarded, and details are re-entered under the heading of second, third, etc., recommendation. In cases where treatment is a matter of urgency, and the parents fail to obtain treatment, a letter is sent to the school correspondent directing attention to the defect and requesting the managers to interest themselves in the case, or a special letter of warning is sent by me direct to the parents.

The medical log-book, containing details of all children found to be defective at the medical inspection, is forwarded to the managers a few days subsequent to the inspection. In those districts where nurses are engaged, a list of children requiring treatment is also forwarded to the nurse, who continues to visit the parents so long as she has any hope that they will ultimately follow her advice.

In all cases of failure to comply with a second recommendation of the medical inspector, the parent is particularly warned of the consequences of neglect, and requested to notify me of his proposed action. This reply is before the medical inspector on his next examination of the child, who reports to me whether the case comes within Section 12 of the Children Act.

Table 9.—Treatment of Defects of Children during 1918.

CONDITION.	No. of defects for which treatment was considered necessary.			No of defects for which no report is available.	No. of defects treated.	Results of Treatment.			No of defects not treated.	*Percentage of defects treated.
	From previous year.	Current year.	Total.			Remedied.	Improved.	Unchanged.		
Clothing ...	15	17	32	14	13	1	12	—	5	72.23
Footgear ...	5	6	11	5	3	—	3	—	3	50.00
Malnutrition ...	39	68	107	74	24	8	15	1	9	72.73
Uncleanliness of Head	133	237	370	232	90	55	32	3	48	65.22
Uncleanliness of Body	30	88	118	65	38	12	26	—	15	71.70
SKIN—										
Ringworm of Head	19	41	60	35	25	24	—	1	—	100.00
Ringworm of Body	2	5	7	4	3	3	—	—	—	100.00
Scabies ...	15	39	54	20	33	31	2	—	1	97.06
Impetigo	62	68	130	47	81	77	3	1	2	97.60
Other Diseases ...	58	123	181	89	79	62	14	3	13	85.87
EYES—										
Defective Vision and Squint ...	848	926	1774	1023	349	160	177	12	402	46.48
External Eye Disease ...	99	169	268	142	93	57	29	7	33	73.81
EARS—										
Defective Hearing	161	197	358	212	74	30	40	4	72	50.69
Ear Disease ...	73	145	218	132	56	31	25	—	30	65.12
TEETH ...	860	828	1688	1042	248	155	91	2	398	38.40
NOSE AND THROAT—										
Enlarged Tonsils ...	1043	1117	2160	1189	350	225	117	8	621	36.05
Adenoids ...	242	262	504	282	113	85	25	3	109	50.91
Tonsils & Adenoids	220	463	683	484	76	53	23	—	123	38.20
DEFECTIVE SPEECH—	35	66	101	59	20	5	14	1	22	47.62
HEART AND CIRCULATION—										
Heart Disease, Organic ...	49	91	140	105	22	—	9	13	13	62.86
Functional ...	42	60	102	56	33	5	27	1	13	71.74
Anæmia ...	78	160	238	173	47	19	23	5	18	72.31
LUNGS—										
Pulmonary Tuberculosis, Definite	10	24	34	22	11	—	6	5	1	91.67
Pulmonary Tuberculosis, Suspected	42	44	86	50	32	5	25	2	4	88.89
Chronic Bronchitis	25	44	69	48	19	5	14	—	2	90.48
Other Lung Disease	70	189	259	202	48	20	25	3	9	84.22
NERVOUS SYSTEM—										
Epilepsy ...	18	23	41	28	10	1	8	1	3	76.93
Chorea ...	23	68	91	51	28	1	26	1	12	70.00
Other Nervous Diseases ...	10	27	37	22	11	3	6	2	4	73.34
NON-PULMONARY TUBERCULOSIS—										
Glands ...	19	41	60	33	21	5	15	1	6	77.78
Bones and Joints ...	10	9	19	7	11	3	7	1	1	91.67
Other Forms ...	3	12	15	10	4	—	4	—	1	80.00
RICKETS ...	42	151	193	120	48	4	40	4	25	65.76
DEFORMITIES ...	79	119	198	110	57	9	41	7	31	64.78
MENTAL CONDITIONS	—	39	39	13	26	—	21	5	—	100.00
Other defects or diseases ...	432	861	1293	810	312	156	149	7	171	64.60
TOTALS ...	4911	6827	11738	7010	2508	1310	1094	104	2220	53.05

*The percentage of defects treated is to the known results of recommendations and not to the total defects found.

As a result of these communications to parents during the year, seventy-two per cent. of the parents either obtained or promised immediate treatment and only ten per cent. definitely refused.

In the case of ringworm and other contagious ailments, teachers are requested to notify the School Medical Officer of cases—actual or suspected—immediately they come to notice. These cases are then referred to the various district nurses, in districts where such are working, and to the whole-time nurses in other areas. In this way it is ensured that all contagious skin ailments are followed up immediately, and treatment advised.

Table 9 gives particulars of the defects for which treatment was considered necessary and the results of such treatment.

The Kent Education Committee pay the railway fares, in necessitous cases, to enable children with various defects to attend at a hospital.

In certain instances Boards of Guardians have assisted parents to obtain treatment, either by the payment of railway fares or by making a contribution towards the purchase of surgical appliances in cases of necessity.

Some indication of the ameliorative measures undertaken in various directions is given below:—

(i.) Nursing.—The nursing staff comprises two whole-time and seven part-time nurses; arrangements also exist with the majority of the nursing associations in the county for the services of their local nurses in school duties.

The summary shown on page 17 will assist in the formation of an idea of the scope and amount of the work carried out by the two whole-time nurses and the six part-time nurses who undertook the routine visitation of schools during 1918.

The table facing page 16 shows the work carried out by each nurse working under the area of the Kent County Nursing Association during the year.

(ii.) School Clinics.—Each clinic is opened on Saturday mornings for treatment of minor ailments by the medical officers in charge, assisted by the nurses, and details of the work carried out during 1918 are shown in Table 12.

In addition, the nurses at Ashford, Sittingbourne and Tonbridge attend on fixed mornings during the week to see certain children who attend by appointment.

The respective school attendance officers are generally present at the school clinics on Saturday mornings.

Other school clinics will be required in the county in future, if defects found as a result of systematic medical inspection are to be remedied, but, owing to the war, no action has yet been taken towards proceeding with those which were projected (at Sheerness and Sevenoaks) prior to hostilities.

Table 10.—Kent County Nursing Association.—Report on School Nursing.

January 1st to December 31st, 1918.

NAME OF DISTRICT.	Under continuing Medical Supervision.				Cases in which Assistance was given to Parents.												TOTAL CASES.	TOTAL VISITS.	ATTENDANCES AT MEDICAL INSPECTIONS.	SPECIAL VISITS TO SCHOOL FOR VERMINOUS CONDITIONS.
	EYES.		EARS.		IMPETIGO.		SCABIES.		RINGWORM.				VERMINOUS CONDITIONS.							
									Doctor in Attendance.		No Doctor in Attendance.									
															Cases.	Visits.				
Cases.	Visits.	Cases.	Visits.	Cases.	Visits.	Cases.	Visits.	Cases.	Visits.	Cases.	Visits.	Cases.	Visits.							
Ash ...	...	...	...	...	...	...	...	...	...	...	...	...	...	22	40	1	...
Ashurst and Groombridge	2	2	...	...	...	...	...	...	...	...	...	...	...	26	26	2	1
Bearsted	2	5	...	...	...	...	...	...	...	...	1	4	...	19	35	2	...
Boughton	10	12	...	...	...	...	...	...	...	...	...	...	20	61	64	4	3
Brenchley	...	...	...	...	...	...	...	...	...	...	...	...	...	41	88	1	...
Bridge	...	...	...	...	...	...	...	...	1	6	...	...	...	39	40	4	...
Chevening	...	...	...	...	...	...	...	...	...	...	...	...	...	30	36	1	...
Chilham	...	...	...	...	3	8	1	4	...	...	1	5	...	5	17	...	...	
Cowden	1	3	1	13	...	...	...	...	...	...	...	...	...	45	57	4	...
Cudham	...	...	...	...	...	...	2	34	...	...	...	...	1	2	50	1	...
East Malling...	1	1	1	1	...	...	...	...	...	...	...	...	2	2	6	2	...
Edenbridge	17	30	3	10	2	12	...	...	...	...	...	...	1	3	86	117	...
East Peckham	4	12	3	12	...	...	...	...	...	...	...	...	19	72	30	108	2
Farnborough	...	...	...	...	5	12	...	...	...	...	...	...	...	36	48	...	...	
Farningham	...	...	...	...	...	...	...	...	...	...	...	...	...	47	62	10	...
Goudhurst	...	...	...	...	3	12	...	...	...	...	...	...	...	78	84	3	...
Harbledown	...	...	1	10	...	...	1	1	...	...	...	...	3	9	7	26	6
Hardres	...	...	...	...	...	...	...	...	...	...	...	...	...	19	24	2	...
Harrietsham and Lenham	...	...	...	...	...	...	...	...	...	...	...	...	...	57	128	5	...
Hayes	...	...	...	...	...	...	...	...	...	...	...	...	4	8	18	30	2
Horsmonden	...	...	...	...	...	...	...	...	3	11	...	...	...	3	11	...	...	
Kemsing and Otford	11	18	...	...	...	...	...	...	...	...	...	...	...	46	61	2	...
Kennington	...	...	...	...	...	...	...	...	...	...	...	...	...	22	47	2	...
Kingsdown, St. Margaret's	5	8	...	...	...	...	...	...	...	...	...	...	...	10	18	4	...
Keston	2	2	2	16	...	...	...	...	...	...	...	...	12	32	14	17	2
Lamberhurst and Bayham	...	...	...	...	...	...	...	...	...	...	6	165	29	35	73	367	2
Langton and Fordcombe	6	34	2	43	...	...	...	...	1	10	...	...	...	36	132	2	...
Meopham	...	...	...	...	28	45	...	...	...	...	...	...	12	28	56	79	2
Newnham	...	...	...	...	...	...	...	...	...	...	...	...	...	7	25	2	...
Orpington	...	...	...	...	6	19	3	2	...	...	1	6	3	15	13	42	...
Sandwich	...	...	...	...	2	15	...	...	...	...	...	...	17	32	35	73	5
Sevenoaks Weald	...	...	...	...	...	...	...	...	...	...	...	...	...	39	110	1	...
Shoreham	...	...	...	...	...	...	...	...	...	...	...	...	...	21	136	1	...
Southfleet	1	3	...	...	1	3	...	...	...	...	...	...	1	...	10	25	2
Southborough	1	85	2	110	8	45	4	13	1	3	...	...	...	16	256	...	...	
Speldhurst	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Stone	...	...	...	...	4	33	1	10	2	4	...	...	...	56	139	5	...
St. Mary and St. Paul's Cray	...	...	...	...	4	20	...	...	2	10	1	6	...	10	40	...	...	
Swanley	1	6	2	10	7	16	...	...	1	3	...	...	19	112	605	13	1
Teynham	5	190	1	22	...	...	...	...	...	...	...	...	...	11	231	2	...
Throwley	...	...	...	...	...	...	...	...	...	...	...	...	...	11	29	3	...
Walmer	1	87	...	...	16	59	1	11	5	88	...	...	2	38	295	3	...
Wateringbury	...	...	...	...	1	8	1	3	...	...	...	...	5	41	175	3	5
Westerham	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Whitstable	...	...	...	...	...	...	...	...	...	...	...	...	...	21	+	...	...	
Wye	...	...	...	...	6	8	...	...	...	...	...	...	10	18	30	1	2

Table 11.—Giving summary of Work carried out by Nurses employed directly by the
Kent Education Committee.

	Nurse Fairburn.	Nurse Tustain.	Nurse Parish succeeded by Nurse Jackson	Nurse Hastings	Nurse Dockrill	Nurse Pelly.	Nurse Worthington	Nurse Cooper.	Nurse Barnes.	Total.
Number of Schools visited	116	186	70	48	118	75	130	77	821	
" Girls examined	4963	11007	2167	3571	7419	3198	4937	2506	39768	
" " found verminous	1601	143	92	24	957	832	1192	546	6287	
" " excluded from School	67	143	56	31	229	52	45	53	676	
" Boys examined	628	7431	1908	2715	4393	1716	4320	1189	24300	
" " found verminous	46	9	17	3	104	55	269	17	520	
" " excluded from School	13	9	26	...	7	4	20	3	82	
" new cases of Ringworm	36	45	...	24	18	6	19	...	148	
" cases of Ringworm visited	427	61	5	146	25	12	38	...	714	
" " taken to Guy's Hospital for X-ray treatment	34	14	...	...	...	...	4	...	52
" attendances at School Clinics	61	137	...	5	...	183	39	...	425	
" visits to dental cases after an inspection by the School Dentist	10	125	...	28	...	...	56	...	219
" visits to cases of defective vision, after an inspection by the Ophthalmic Surgeon	70	22	...	...	...	61	11	...	164
" special visits	37	91	28	...	...	56	246	11	469
Impetigo	20	75	14	33	8	6	64	16	236	
Verminous conditions	76	152	53	24	232	56	54	11	658	
Ringworm	23	45	1	22	19	7	24	...	141	
Sores	...	21	...	29	...	4	31	4	89	
Scabies	8	35	8	32	...	1	19	...	103	
Eye conditions	2	4	...	2	3	...	6	...	17	
Ear	...	...	...	2	...	...	...	...	2
Other	7	87	...	35	...	...	127	...	256
Total exclusions	136	419	76	179	262	74	325	31	1502	

Children excluded from School on account of

Children excluded from School on account of

At the Tonbridge School Clinic the number of cases of scabies increased threefold as compared with 1917, and fourteen-fold as compared with 1916. This was probably due to the housing of large bodies of troops.

On Mondays and Thursdays, cases of minor ailments that have been seen on Saturdays, and cases recommended for treatment at the school inspections, attend for treatment by the nurse and for supervision of home treatment.

During 1918 these attendances were as follows:—

Ringworm	...	...	...	...	...	32
Diseases of the eyes	...	...	...	...	...	25
„ „ ears	...	...	...	...	...	19
„ „ skin	...	...	...	...	...	99
						<hr/>
Total						175
						<hr/>

Owing to war conditions, the schools had not been inspected so frequently as usual, and fewer cases were seen by the nurse.

Probably, also, owing to housekeeping allowances being obtained as army separation allowances, the income in many homes was more regular, with a resulting improvement in feeding, clothing, and cleanliness. The milder forms of diseases seem to have been less prevalent, and more easily cured at home.

On Wednesdays, for the greater part of the year, the clinic was used as the Maternity and Child Welfare Centre.

At the Ashford and Sittingbourne School Clinics the attendances for treatment and supervision of treatment by the nurse numbered 1,067 and 1,560 respectively. Nurses' exclusions numbered 265 and 273 respectively. At the former clinic the nurse attends on Tuesday and Friday mornings, and at the latter on each morning in the week.

(iii.). Dental Treatment.—Mr. Kirk, the temporary School Dentist, continued his work in the schools until August 10th, when he was released for military duty. Table 13 shows details of the dental work carried out up to the date of his departure.

(iv.). Ophthalmic Work.—The ophthalmic work in the Kent schools was discontinued temporarily on September 1st, 1915, when Dr. Fox took up military service, but during 1918 temporary arrangements were made whereby Dr. Killick, of the Kent County Ophthalmic Hospital, undertook work in the clinics on one day each fortnight. Sixty children were examined and eighteen pairs of spectacles prescribed.

(v.) X-ray Treatment of Ringworm.—Particulars of the cases which have been treated at Guy's Hospital by means of X-rays are shown in Table 14.

Owing to the fact that Dr. Palk, of Folkestone, was on military duty throughout the year, the Committee's arrangement with him for X-ray treatment of cases arising in East Kent has lapsed temporarily.

Table 12. COUNTY OF KENT—SCHOOL CLINICS. Work carried out during the year ended December 31st, 1918.

Name of Centre										ASHFORD.			DARTFORD.			SITTINGBOURNE.			TONBRIDGE.			TOTAL.		
Medical Officer in Charge										DR. E. DAVIDSON.			DR. T. FARTHING.			DR. W. LISLE GOODRIDGE.			DR. C. C. A. DE VILLIERS.					
Date of opening Clinic										February 7th, 1914.			February 7th, 1914.			November 15th, 1913.			January 30th, 1915.					
Number of Saturday mornings open										30			47			39			41			41 aver.		
Number of Cases attending										254			177			272			421			1124		
Number of attendances on Saturdays										412			555			516			731			2214		
Average Saturday attendances										14			12			14			18			54		
Diseases and Defects.										Number of patients attending.	Number of att'nd'nc's.	Number of patients treated.	Number of patients attending.	Number of att'nd'nc's.	Number of patients treated.	Number of patients attending.	Number of att'nd'nc's.	Number of patients treated.	Number of patients attending.	Number of att'nd'nc's.	Number of patients treated.	Number of patients attending.	Number of att'nd'nc's.	Number of patients treated.
MALNUTRITION										1	1	1	5	7	5	6	8	6	1	1	1	13	17	13
TEETH	{	Caries								12	12	—	2	2	—	—	—	—	—	—	14	14	—	
		Sepsis								1	2	1	—	—	—	—	—	5	5	3	6	7	4	
NOSE AND THROAT	{	Adenoids (with or without deafness)								6	8	—	2	2	1	2	2	2	27	31	9	37	43	12
		Enlarged Tonsils								6	7	—	—	—	—	13	19	13	—	—	—	19	26	13
		Tonsillitis								3	3	3	7	7	7	4	4	4	9	12	5	23	26	19
GLANDS	{	Other								3	4	2	—	—	—	9	9	9	5	9	4	17	22	15
		Enlarged								6	8	2	1	1	1	3	4	3	6	13	6	16	26	12
	{	Tuberculous								1	—	—	—	—	—	1	1	1	5	12	2	7	13	3
		Discharge (otitis media, with or without deafness)								6	9	3	4	4	4	5	8	5	7	9	7	22	30	19
EARS	{	Disease of bone (mastoiditis)								1	1	—	—	—	—	—	—	—	—	—	—	1	1	—
		Other disease								1	1	1	—	—	—	1	1	1	2	4	2	4	6	4
BLOOD	{	Anæmia								4	20	4	2	5	2	1	4	1	16	28	16	23	57	23
		Other								2	3	2	—	—	—	—	—	—	—	—	—	2	3	2
EYES	{	Defective sight								35	37	—	5	5	—	5	5	5	28	35	3	73	82	8
		Diseases of cornea								3	4	—	5	6	5	—	—	—	4	4	—	12	14	5
		" " conjunctivæ								3	4	2	3	4	3	2	3	2	3	13	3	11	24	10
		" " eyelids								9	30	9	3	7	3	7	11	7	11	25	11	30	73	30
LUNGS	{	Bronchitis								1	1	1	—	—	—	2	3	2	14	16	13	17	20	16
		Pleurisy, Pneumonia								—	—	—	—	—	—	—	—	—	8	11	4	8	11	4
		Tuberculosis (suspected)								10	15	—	—	—	—	1	3	1	7	12	2	18	30	3
HEART	{	Congenital								—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Rheumatic								—	—	—	1	1	1	3	3	2	3	2	1	7	6	4
ABDOMINAL ORGANS	{	Other								1	1	1	2	11	2	—	—	—	2	5	1	5	17	4
		Tuberculosis								—	—	—	—	—	—	—	—	—	4	5	1	4	5	1
NERVES	{	Other								1	7	1	1	1	1	2	2	1	20	21	15	24	31	18
		Epilepsy								1	1	—	—	—	—	—	—	—	—	—	—	1	1	—
		Chorea								1	1	—	1	7	1	—	—	—	1	1	—	3	9	1
		Infantile Paralysis								1	2	—	—	—	—	—	—	—	2	3	1	3	5	1
MENTAL	{	Other								3	4	3	—	—	—	—	—	—	2	3	—	5	7	3
		...								1	1	1	2	2	—	—	—	—	17	18	—	20	21	1
BONES, MUSCLES, AND JOINTS	{	Tuberculosis								3	6	—	—	—	—	1	—	—	3	6	—	7	12	—
		Rickets								—	—	—	—	—	—	1	1	1	4	5	2	5	6	3
		Rheumatism								1	5	1	—	—	—	2	2	1	2	2	—	5	9	2
		Injuries								3	3	3	—	—	—	6	7	6	4	8	4	13	18	13
SKIN	{	Sepsis								9	12	9	—	—	—	11	20	11	13	21	9	33	53	29
		Other								2	4	2	—	—	—	—	—	—	4	4	2	6	8	4
		Impetigo								37	61	37	31	67	31	52	102	52	49	80	49	169	310	169
		Ringworm								10	31	9	1	1	—	34	79	34	24	90	24	69	201	67
	{	Eczema								12	37	12	4	4	4	2	3	2	19	29	19	37	73	37
		Scabies								17	25	17	4	21	4	14	37	14	28	77	28	63	160	63
		Other								13	17	13	9	13	9	28	52	28	19	33	19	69	115	69
		Scarlet Fever								—	—	—	—	—	—	—	—	—	3	4	—	3	4	—
INFECTIONS	{	Diphtheria (and contacts)								—	—	—	70	362	70	27	77	27	—	—	—	97	439	97
		Mumps								3	3	—	1	1	1	2	3	—	3	7	3	9	14	4
		Whooping Cough								1	1	—	—	—	—	2	2	1	19	43	19	22	46	20
		Chicken Pox								—	—	—	—	—	—	5	6	—	4	7	4	9	13	4
MISCELLANEOUS	{	Other								—	—	—	3	5	—	3	5	1	12	15	7	18	25	8
		...								20	20	—	8	9	—	15	30	15	2	2	—	45	61	15
										254	412	140	177	555	155	272	516	258	421	731	299	1124	2214	852

EXCLUSIONS: Ashford 69, Dartford 147, Sittingbourne 42, Tonbridge 166.

Table 13.

Summary of Dental Work carried out between January 1st and
August 10th, 1918.

Centre.	Numbers of children examined.		Numbers requiring treatment.		Numbers treated.		Temporary teeth extracted.	Temporary teeth filled.	Permanent teeth extracted.	Permanent teeth filled.	Teeth dressed.	Children whose teeth were scaled.	Local anaesthetics administered.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.							
Ashford School Clinic ...	76	87	61	72	72	64	113	59	5	35	13	20	2
Dartford School Clinic ...	90	18	76	15	87	75	121	45	12	29	7	29	7
Sittingbourne School Clinic ...	23	112	18	91	55	58	102	54	2	25	23	19	—
Tonbridge School Clinic ...	46	45	37	39	71	65	107	57	7	40	18	11	—
Sheerness District* ...	83	82	83	82	83	82	164	20	3	5	4	20	—
Romney Marsh, &c. District*	—	—	—	—	37	27	57	18	3	6	—	—	3
	318	344	275	299	405	371	664	253	32	140	65	99	12

* SPECIAL VISITS.

Details of other Ameliorative Arrangements.

(a) **KENT COUNTY OPHTHALMIC HOSPITAL.**—The arrangements have been continued with the Kent County Ophthalmic Hospital at Maidstone for the treatment of defects of the eye, ear, nose and throat of school children, in cases recommended for treatment by the school medical inspectors at the routine inspections. Copies of the recommendation forms are sent to my central office at Maidstone, and the secretary of the hospital supplies information periodically as to the children treated under these arrangements. The names of all the scholars concerned are entered in the school medical log-book, so that the children treated may, automatically, be brought before the school medical inspector on the occasion of his next visit to the school, in order to ascertain the result of treatment.

During the year 1918 the numbers of cases treated under these arrangements were:—

EYES	...	...	...	{	Spectacles, &c.	...	...	557
					Defects other than vision	...	...	133
EARS	...	...	...		Treatment	...	...	55
NOSE AND THROAT	...	...	...	{	Tonsils	...	...	6
					Adenoids	...	...	31
					Tonsils and Adenoids	...	...	96
					Other defects	...	...	6
					Operations	...	...	66

(b) **BROMLEY COTTAGE HOSPITAL.**—Twelve cases of tonsils and adenoids have been operated on during the year under the Committee's arrangements with this hospital.

The children are treated on Saturday mornings in batches of six, and all arrangements for attendances, etc., are made through this office.

(c) **OTHER HOSPITALS.**—Arrangements have been made for the operative treatment of enlarged tonsils and adenoids at the following hospitals, and the numbers in brackets show the total cases treated during the year.

Bexley Cottage (13), Chislehurst, Orpington and Cray Valley Cottage (26), Faversham Cottage (56), Gravesend Cottage (24), Herne Bay Queen Victoria Memorial (21), Kent and Canterbury Hospital, Canterbury, (nil), and St. Bartholomew's Hospital, Rochester (nil).

The procedure for obtaining treatment and following up the cases is the same as that adopted for the Kent County Ophthalmic Hospital.

(d) **RAMSGATE EDUCATION COMMITTEE.**—Under the agreement with the Ramsgate Education Committee for the operative treatment of enlarged tonsils and adenoids at the Ramsgate Hospital, and the testing of cases of defective vision and inspection of minor cases at the school clinic, three cases were operated on at the hospital, and one case of deafness was treated at the school clinic during 1918.

Table 14.—Showing details of cases of Ringworm which have been treated by X-rays at Guy's Hospital, London, for the Kent Education Committee, during 1918.

No. of Case.	Name of School.	Cost to Committee	Parents' Contribution (sent to Guy's Hospital).	Date Treated.	Date returned to School.	No. of days absent after treatment (counting seven days to 1 week).
		£ s. d.	£ s. d.			
1 } 2 } 3 }	Westgate-on-Sea CE	2 5 4	Nil.	Jan. 23rd.	Mar. 12th.	50 50 50
4 }	Southborough C.E.	0 4 0	Nil.	„ 30th.	April 1st.	29
5 } 6 }	Murston	1 1 6	Nil.	Feb. 6th.	„ 10th.	{ 62 62
7 } 8 }	Wrotham Platt	0 7 6	Nil.	„ 20th.	{ „ 21st. May 31st.	{ 59 109
9 }	Footscray, Longlands Cl....	0 1 5	0 11 5	„ 28th.	April 11th.	41
10 } 11 }	Bexley, Welling Cl.	0 3 0	0 8 0	„ 28th.	{ May 3rd. April 11th.	{ 63 41
12 } 13 }	Footscray, Longlands Cl....	0 5 8	0 5 8	Mar. 6th.	{ Mar. 28th. April 11th.	{ 21 35
14 }					„ 11th.	35
15 }	Dartford, Westgate Council	0 1 10½	0 4 4	„ 13th.	„ 11th.	28
16 }	Herne Bay Cl.	1 3 4½	Nil.	„ 27th.	„ 23rd.	26
17 }	Pembury Council ...	0 4 0	1 4 0	Apl. 16th.	June 10th.	53
18 } 19 }	Bexley Heath, Upland Council	0 3 4	0 10 0	„ 24th.	„ 4th.	{ 40 40
20 }	Ashford, New Town	0 6 10½	Nil.	May 8th.	„ 3rd.	25
21 }	Ashford, West Street	0 6 10½	Nil.	„ 8th.	May 28th.	19
22 }	Pembury Council ...	0 4 0	0 9 0	„ 15th.	June 10th.	25
23 }	Murston	0 5 3	0 5 3	„ 15th.	„ 3rd.	17
24 }	Yalding.....	0 5 0	Nil.	„ 22nd.	„ 26th.	34
25 }	Ashford C.E.	0 15 7½	Nil.	„ 29th.	„ 18th.	19
26 }	Ashford Council.....	0 6 10½	Nil.	„ 29th.	„ 18th.	19
27 }	„ „	Nil.	Nil.	June 5th.	July 8th.	32
28 }	„ „	Nil.	Nil.	„ 12th.	„ 8th.	25
29 }	„ „			„ 12th.	„ 8th.	25
30 }	„ „			„ 12th.	„ 8th.	25
31 }	Bexley Heath, Upland Council	0 1 6	0 1 6	„ 19th.	„ 29th.	39
32 }	Milton Regis R.C....	0 5 3	0 5 3	„ 19th.	„ 22nd.	32
33 }	Rainham C.E.	0 14 7½	0 10 0	„ 26th.	Aug. 12th.	46
34 }	„ „	0 4 10½	Nil.	„ 26th.	„ 12th.	46
35 }	Headcorn Council...	0 10 10½	0 15 10½	July 3rd.	Oct. 5th.	{ 93 93
36 }						
37 }	Willesborough Cl....	Nil.	0 5 0	„ 17th.	„ 1st.	75
38 }	Ashford New Town	2 0 6	0 5 0	„ 17 & 31	„ 1st.	75
39 }	Petham	0 15 6	1 0 6	Aug. 6th.	Sep. 24th.	48
40 }	„			„ 6th.	„ 24th.	48
41 }	„			„ 6th.	„ 24th.	48
42 }	Chislehurst, Sidcup Hill Cl....	0 0 6	0 15 6	„ 7th.	Oct. 1st.	54
43 }	Eythorne	1 15 9	0 10 0	Oct. 15th.	Dec. 9th.	54
44 }	„			„ 15th.	„ 9th.	54
45 }	Sittingbourne St. Michael's ...	0 16 0	Nil.	Nov. 1st.	„ 2nd.	30
46 }	Herne Bay Council	1 3 4	1 0 0	„ 13th.	„ 5th.	21
47 }	Alkham C.E.	2 6 6	0 5 0	„ 20th.	Still absent	—
48 }	„ „	1 15 1		„ 26th.	Still absent	—
49 }	Milton Regis, The Butts, Cl.	1 7 1	0 4 6	Dec. 11th.	Feb. 24, '19	74
50 }	„ „			„ 11th.	„ 24, '19	74
51 }	„ „			„ 11th.	„ 24, '19	74
51		22 8 10½	9 15 9½	—	—	Av. absence 45·7 days.

Free railway passes were obtained for Cases 27, 28, 29, 30, and 37.

(e) FACILITIES, APART FROM PROVISION MADE BY THE LOCAL EDUCATION AUTHORITY, FOR OBTAINING TREATMENT. (i).—In addition to the above, many children have been enabled to obtain treatment in different parts of the county through local philanthropic sources. Where special difficulties arise in connection with cases owing to lack of means on the part of the parents, or to no provision existing for treatment under direct arrangement by the Kent Education Committee, I communicate with school managers and ask their co-operation in securing treatment. In this way treatment has been secured for defects at various London hospitals, and at orthopædic departments, the managers, where necessary, obtaining local assistance towards fares, etc., and the provision of surgical appliances.

(ii.) All cases of tuberculosis coming to my knowledge, and not under continuous medical treatment, have been referred to the county tuberculosis dispensaries for examination and advice, and, where so recommended, such children are sent to various sanatoria under the tuberculosis scheme of the Kent County Council, or under the Education Committee's arrangements with certain institutions. Twenty-one children from the area of the Kent Education Committee were so treated in 1918 under the former arrangements and two under the latter.

(iii.) The Bergman Osterberg Physical Training College at Dartford has established a small clinic at the college, at which all ordinary school deformities, such as spinal curvature, round shoulders, defective chest development, flat-foot, etc., may be treated.

The centre is under the direct supervision of Dr. F. Barrie Lambert, as medical officer, and of expert gymnasts, and is held from two to three o'clock on Monday, Wednesday and Friday afternoons. All the children attending from elementary schools are in due course presented to my school medical inspector on the occasion of his routine inspections held at the schools, so that a note as to any improvement in their condition may be entered in the medical log-book.

Dr. F. Barrie Lambert has kindly supplied me with the following brief report of the working of the clinic during 1918:—

Kyphosis and Scoliosis.—Nine cases of first degree curve were treated, of whom three were discharged cured, three show much improvement, and three have ceased to attend.

One of the cured cases is now being treated for flat-foot.

Four cases of second degree curve attended. Two were improved, and two have ceased to attend—one having entered a hospital.

Two cases of flat-foot were treated. One was discharged cured, the other still attends.

Other cases treated at the clinic were one of hip-disease (now provided with a new splint from hospital), one obstetric paralysis (still attending—much improved), one raid shock (cured), and one heart disease (improved and left for work).

(iv.) The Swanley District Nursing Association have established a school clinic for the treatment of children found defective on medical inspection. This valuable work is undertaken voluntarily by the Association, no financial responsibility falling on the Kent Education Committee. During 1918 the scope of the clinic was limited to the treatment of tonsils and adenoids, fourteen operations being performed, necessitating 105 nursing visits.

EXCLUSIONS.

Table 15.

						Medical				Total.
						Inspectors.	Nurses.			
Anæmia	...	...	...	...	...	2	...	2	...	4
Chicken-pox		...	...	...	...	8	...	30	...	38
Chorea	...	...	...	...	...	2	...	1	...	3
Debility	...	...	...	...	...	2	...	11	...	13
Diphtheria and Diphtheria Contacts	...				...	1	...	14	...	15
Ear Disease (discharge, etc.)	...	...			...	6	...	5	...	11
Epilepsy	...	...	...	...	...	1	...	2	...	3
External Eye Disease	...	...	...		...	5	...	26	...	31
Heart Disease	...	...	...	...	...	1	...	1	...	2
Impetigo and Sores	...	...	...		...	48.	...	323	...	371
Measles and Measles Contacts				...	...	3	...	16	...	19
Mumps	...	...	...	...	...	3	...	43	...	46
Phthisis and Suspected Phthisis	...			...	...	3	...	3	...	6
Pulmonary Affections (non-tuberculous)	...				...	1	...	—	...	1
Ringworm		...	...	...	...	22	...	183	...	205
Scabies	...	...	...	...	...	44	...	113	...	157
Skin Diseases (various), e.g., urticaria, pemphigus, eczema			...	...	...	10	...	30	...	40
Skin (cuts, sores and septic conditions)	...				...	14	...	26	...	40
Sore Throat, Tonsilitis, etc.				...	...	7	...	26	...	33
Suspected Scarlet Fever	...	...	...		...	—	...	1	...	1
Tuberculosis, non-pulmonary				...	...	1	...	1	...	2
Verminous Conditions	...	...	...		...	19	...	713*	...	732*
Whooping Cough		...	...	...	...	20	...	43	...	63
Other Defects or Diseases			...	...	...	37	...	69	...	106
Totals						260		1,682		1,942
*Verminous Conditions						15	...	557	...	572
						—	...	30	...	30
						1	...	15	...	16
						1	...	47	...	48
						1	...	33	...	34
						1	...	31	...	32

Regulation 194 (b) requires that medical certificates allowing absence for one month or more, or for indefinite periods, must be forwarded to the school medical officer. This instruction has reference to certificates given by practitioners who are not medical inspectors, and during 1918, 405 certificates were received. When necessary, further enquiries are instituted, and a definite date given when the certificate should be renewed if the child should be still absent.

It is now necessary for every certificate requiring exclusion of a child, issued by a medical practitioner, to be entered in the medical log-book. These certificates are scrutinised by the medical inspector at the routine inspection, and any children who have been so excluded are examined, provided the cause of absence indicates that such examination is desirable.

Table 16.
EXCLUSIONS BY PRIVATE PRACTITIONERS.

Disease.	Period of Exclusion.			Total.
	4-5 weeks.	6 weeks & over.	Indefinite.	
Phthisis	3	11	2	16
Other Tuberculous Diseases	5	9	2	16
Chest Ailments	10	7	15	32
Infectious Diseases	12	7	8	27
Ringworm	4	2	23	29
Other Contagious Diseases	23	8	35	66
Pustular Eczema	2	1	4	7
Eye Defects and Diseases	6	2	8	16
Ear Discharge and Defects	3	1	1	5
Heart Disease	1	5	3	9
Debility and Anæmia	20	25	23	68
Rheumatism	—	3	6	9
Epilepsy and Chorea	6	12	10	28
Spinal Disease	—	4	1	5
Mental Deficiency	—	3	—	3
Various Ailments	25	20	24	69
Totals	120	120	165	405

INFECTIOUS DISEASES.

All cases of known and suspected infectious disease are reported by the head teachers immediately to the School Medical Officer and to the local Medical Officer of Health. In addition, detailed information is forwarded to the School Medical Officer when a school appears to be threatened with an epidemic, viz., number of children on the roll; average attendance; number present on date of report; number absent (a) actually suffering, (b) contacts, (c) suspicious cases; number still in attendance who have not had the disease; date of onset of attack of first known case; subsequent history; special incidence on any particular class; and exceptional circum-

stances. Where necessary, a visit of the medical inspector is then arranged, or school closure advised.

All teachers are provided with information respecting the symptoms of the commoner zymotic ailments and the chief epidemiological features of these diseases, as well as with suggestions relating to the duration of exclusion of patients and contacts. Precautionary notices are issued to scholars when considered desirable, in the case of outbreaks of scarlet fever, diphtheria, measles and whooping cough.

The school medical inspectors co-operate with district medical officers of health by assisting in the investigation of outbreaks of infectious diseases affecting schools, particularly in the case of scarlet fever and diphtheria, and attendance officers are instructed to pay special attention to any district which is visited or threatened with an epidemic.

SCHOOL CLOSURES.

The following tabulation sets out the number of school closures, the different diseases which called for that step, and the duration of closure:—

Table 17.

Reason for Closure.				Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	4-5 weeks.	5-6 weeks.	6 weeks & over.	Total.
Scarlet Fever	...	...	...	—	—	1	—	—	—	—	1
Measles	...	...	...	2	2	9	15	6	—	—	34
Diphtheria	...	...	...	1	1	3	—	—	—	—	5
Mumps	...	...	...	1	—	—	—	—	—	—	1
Whooping Cough	...	...	...	2	2	9	13	4	—	—	30
Measles and Chicken-pox				—	—	—	1	—	—	—	1
Measles and Whooping Cough	...	...	...	—	—	—	1	—	—	—	1
Rubella	...	...	...	—	1	—	—	—	—	—	1
Chicken-pox	...	...	...	—	—	—	1	—	—	—	1
Influenza	...	...	...	4	159	119	40	24	2	1	349
Totals	...	...	...	10	165	141	71	34	2	1	424

After a school has been closed on account of the prevalence of infectious disease, a special wet-cleansing of the whole school is carried out and disinfectant fluid is supplied for this purpose. In scarlet fever and diphtheria outbreaks which necessitate closure, the local sanitary authority undertakes disinfection prior to the wet-cleansing process.

Closure of Sunday schools is always recommended during periods of day-school closure for infectious diseases.

TONBRIDGE BATHING STATION.

This was opened in connection with the school clinic in June, 1915.

It consists of a waiting-room, undressing-room, bath-room, dressing-room, and rooms for washing the hair and disinfecting of garments. The children are attended to by the nurse and assistants.

During 1918 the number of children attended to was 119. This included bathing, washing of head and combing of hair. Parents have been very willing to have their children attended to.

The cleansing has been extremely useful in many cases of mentally defective children, who cannot attend to their own hygiene and who are neglected at home.

Regular army separation allowances have tended to greater dignity and cleanliness in many homes, and it is hoped that the housing conditions will soon improve.

Owing to repairs, the bathing station was closed during June and July.

MENTAL DEFICIENCY.

In 1918 fifty-seven cases were dealt with, and the following tabulation shows the nature of the certificates issued by the School Medical Officer during the last five years:—

	1914.	1915.	1916.	1917.	1918.
Schedule "A"—Child not incapable of receiving educational benefit in a public elementary school ...	1	0	1	0	0
Schedule "B"—Feeble-minded, but capable of receiving educational benefit in a special school or class ...	62	112	36	84	29
Schedule "C"—Incapable of receiving benefit from instruction in a special class or school, e.g., idiots, imbeciles and low-grade feeble-minded children ...	28	31	17	26	26
Schedule "D"—Incapable of receiving further benefit from instruction in a special school or class ...	0	0	0	0	0
Schedule "E"—Detrimental to interests of other children to admit to, or continue at, special class or school, e.g., moral imbeciles ...	2	4	1	4	2

The cases notified by the Local Education Authority to the Local Authority under the Mental Deficiency Act, and such cases for whom places have been found at approved institutions, in 1918, are shown in the following tabulations:—

CASES NOTIFIED.

Idiots.		Imbeciles.		Moral Imbeciles.		Feeble-Minded persons.	
Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
4	2	12	6	—	—	2	1

CASES PLACED IN INSTITUTIONS.

Idiots.		Imbeciles.		Moral Imbeciles.		Feeble-Minded persons.	
Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
2	1	6	4	—	—	—	1

Three children died in institutions during the year, viz.: one imbecile boy and two imbecile girls. One idiot girl was discharged to the care of her mother.

In addition to the above, thirty-two cases were notified under the Act by other persons. Of these cases, three were children under the age of seven.

One feeble-minded child was placed in an institution during the year under the Elementary Education (Defective and Epileptic Children) Acts, by the Local Education Authority.

TONBRIDGE SPECIAL SCHOOL.

Opened on September 14th, 1914.

Number on Register at beginning of 1918	...	...	...	44
Number admitted during the year	...	...	...	5
Number who left	...	...	...	11
Number on Register at end of year	...	...	...	38

Dr. de Villiers reports as follows on the work of this school, which is proceeding steadily:—

The general aims and activities, methods and handiwork employed have been mentioned in the reports for 1916 and 1917.

The work of the school is progressing steadily and satisfactorily.

The progress in handiwork is, as a rule, rapid and gratifying, both to the teachers and pupils. In some cases the neatness and accuracy of the work are really astonishing, especially with wood and bent-iron work, taking into consideration that it is the product of a mental defective. With ordinary school-work the progress is, of course, in most cases, very slow.

Regular army separation allowances have in some cases tended to better home feeding, and this certainly helps with training in mental confidence and stability.

There has also been considerable improvement in the remedy of physical defects. This is, as a rule, very unsatisfactory. Mentally defective children suffer from a larger number of physical defects than ordinary children; and these defects, that so greatly retard the mental progress, are usually neglected by the parents as being “not worth while” correcting in the mentally defective child—although the physical defect may be the very cause of the mental disability.

During the summer months some of the children attended the swimming bath, and the proximity of the bathing and cleansing station and of the school clinic has again been of the greatest advantage. Many of the children cannot attend to their own bodily cleanliness and are neglected at home.

The satisfactory progress of most of the children in the special school is largely, if not wholly, due to the very keen interest taken by the teachers, not only in the children’s mental conditions, but also in their physical welfare and cleanliness. This latter is more important than it may appear to the casual observer.

Of the children who were removed from the school roll during the year, five left the neighbourhood, four had reached the age-limit, one was excluded on medical certificate, and of one there is no record obtainable.

An “After-care” Committee is being formed in connection with the school, and ought to be of very great service to the after-career of the children who have reached the age-limit. Their special abilities and

preferences are always stated in their medical reports, and ought to be acted upon in apprenticing, etc.

The annual sale of work was held in December. There was a good attendance, and the articles made by the children found a very ready sale. The eight stalls comprised: (1) Woodwork and fancy work, (2) babies' garments, (3) household linen, (4) pinafores and overalls, (5) under-linen and shirts made by the boys, (6) knitting and crochet-work, (7) laundry work, (8) "orders" stall.

DARTFORD SPECIAL SCHOOL.

Number on Register at beginning of 1918	...	...	...	33
Number admitted during the year	...	...	...	3
Number left	...	...	...	9
Number on Register at end of year	...	...	...	27

DR. FARTHING reports as follows on the work of this school during 1918:—

With three exceptions, the scholars show a marked general improvement. One girl is of very low grade and progress is very slow. Two boys have not been long enough in the school to benefit by the special instruction.

As reported last year, handiwork is the prominent feature throughout the school; in the junior division, twenty-four kinds of kindergarten are taught, in the intermediate class twenty-two forms of minor handiwork, and in the senior division thirty forms of manual work. Owing to war conditions it has been necessary to use all kinds of scrap material, which ought to be of service in teaching economy. Praise is due to the teachers in charge for the number and variety of objects made and materials used, as for example, margarine boxes pulled to pieces and cut to make smaller boxes, etc.

The small garden looked after by the scholars was a pleasing sight in summer, the flowers being sent to the local hospital.

Many of the children show marked ability in handiwork, and one feels that something more might be obtained from them if opportunity were given them to continue after leaving the school.

In the ordinary educational subjects—reading, writing and arithmetic—progress is always slow, and it is a well-observed fact that they seldom attain any marked efficiency in all three subjects, although in one they may show some degree of ability.

One feature which always shows an improvement is the emotional character of the children; the sullen and obstinate soon show signs of cheerfulness; the restless and erratic settle down and take an interest; the selfish begin to help and look after the younger ones.

Of the nine children who left:—

- Three attained the age of sixteen years, each of whom obtained suitable work;
- Three were allowed to go to work before the age of sixteen;
- One removed from the district;
- One died during the influenza epidemic;
- One was transferred to Fountain Home for Imbeciles, Tooting.

VARIOUS DETAILS.

EXCEPTIONAL CASES.—The following Table contains a return of physically and mentally defective children in the schools in the area of the Kent Education Committee. The return only includes those cases which have been definitely “scheduled” by the medical inspectors under the various headings, and a number of children whose names have been brought forward by the teachers are awaiting a more detailed examination.

Table 18.—Numerical Return of exceptional children
in the area in 1918.

										Boys.	Girls.
BLIND (including partially blind)	{	Attending Public Elementary Schools ...	51	31							
		Attending Certified Schools for the Blind	6	6							
		Not at School... ..	2	2							
DEAF AND DUMB (including partially deaf)	{	Attending Public Elementary Schools ...	61	47							
		Attending Certified Schools for the Deaf	25	26							
		Not at School	3	5							
MENTALLY DEFICIENT Feeble Minded	{	Attending Public Elementary Schools ...	125	94							
		Attending Certified Schools for Mentally Defective Children	42	29							
		Notified to the Local (Control) Authority during the year	2	1							
		Not at School	22	6							
Imbeciles	{	Attending School	29	38							
		Not at School	14	7							
Idiot's ... ..		... ..	13	6							
Epileptics	{	Attending Public Elementary Schools ...	48	33							
		Attending Certified Schools for Epileptics	13	4							
		Not at School	2	2							
PHYSICALLY DEFECTIVE Pulmonary Tuberculosis	{	Attending Public Elementary Schools ...	76	73							
		Attending Certified Schools for Physically Defective Children	—	—							
		Not at School	20	45							
Other Forms of Tuberculosis	{	Attending Public Elementary Schools ...	107	96							
		Attending Certified Schools for Physically Defective Children	1	—							
		Not at School	23	15							
Cripples other than Tubercular	{	Attending Public Elementary Schools ...	118	118							
		Attending Certified Schools for Physically Defective Children	4	6							
		Not at School	5	8							
DULL OR BACKWARD (Judged according to age and standard) ...	{	Retarded 2 years	648	644							
		Retarded 3 years	350	308							

DEFECTIVE CHILDREN REMOVED TO INSTITUTIONS.—In addition to the mentally defective children already referred to as having been placed in institutions, the following are the numbers of blind, deaf, epileptic, and physically defective children who were reported as being suitable for residential defective schools and the numbers of such children who were placed in institutions during the year:—

					Cases scheduled by School Medical Officer.		Cases removed.
Blind	...	...	...	...	4	...	4
Deaf and Dumb	...	...	...	...	7	...	11
Epileptic	...	...	...	...	8	...	6
Physically Defective	...	...	...	...	10	...	7

PROVISION OF MEALS TO NECESSITOUS SCHOOL CHILDREN.—The Committee have, in a few instances “associated with themselves” Local School Canteen Committees, under the Education (Provision of Meals) Acts 1906 and 1914. As explained last year, the object has been, not so much to relieve necessity as to effect economy in food, more particularly in bread-stuffs, and also to secure that children are provided with a suitable mid-day meal. In response to a suggestion received from one or two local school canteen committees, a conference was called in December last to allow representatives of the various canteen committees to discuss points of difficulty. The conference was attended by representatives of the Kent Education Committee and representatives of fourteen local school canteen committees. There was a strong consensus of opinion as to the benefit which the canteens had conferred on the children of the elementary schools and the improvement which was brought about in the physique, manners and mental alertness of the children. The representatives unanimously agreed that the work should be continued in spite of the difficulties now arising owing to the wide-spread belief that the need for canteens had ceased to exist since the cessation of hostilities.

The following are a few brief notes by the medical inspectors on canteens which have come under their notice during the year:—

ELHAM.—Dr. Davidson considers that this canteen has met the requirements of the children and allayed the anxiety of the mothers, many of whom have been employed in agriculture. The children are selected for admission, but the canteen is open to any child upon payment of threepence for the meal. Parents have expressed themselves satisfied with the sufficiency and suitability of the food provided.

This canteen was opened, in the first instance, with the object of effecting economy in bread, but was kept open because of the increasing difficulty experienced by parents in obtaining a sufficiency of jam, margarine and sugar for the children attending school.

BOXLEY.—This canteen is spoken of in terms of highest praise by Dr. Davidson, who paid an unexpected visit, and considers the condi-

tions to be ideal. Great enthusiasm is shown in the work by the "Registrar" (manageress), and the welfare of the children is the primary consideration. No efforts have been spared to provide a good wholesome meal.

Dr. Davidson quotes the dietary at this canteen, which is plentiful, well thought out, well cooked and served, and arranged in a very skilful fashion. As a matter of interest I append this dietary.

Monday.—Soup, made from bones, thickened with haricot beans, lentils or split peas. Steamed pudding.

Tuesday.—Fish pie. Pudding.

Wednesday.—Suet rolls and gravy. Open jam tart or cornflour and jam.

Thursday.—Meat stew, with lentils or pearl barley. Milk pudding (rice, barley kernels or macaroni).

Friday.—Sausage batter or roll. Cooked rice and jam, or some light pudding.

The charge is threepence per head each day, and in the case of three children from the same family twopence-halfpenny each is charged.

Dr. Davidson, in conclusion, writes:—"If these school canteens are to continue, I think it would be well if a greater general personal interest could be taken in the matter. Such a suggestion refers to keeping records of all children attending, and noting their weight and general improvement from time to time. I do not mean to imply that the teachers are not interested in the matter, but the children, not being under their supervision for this special purpose, they may be inclined to regard the canteens as entirely a thing apart from the schools.

"Much may be done by selecting the cases—preference being given to children who live at a distance. It may be that the mothers, either from motives of prudence or from parsimony, may not feel inclined to pay the trifle required of them for the meal, in which case some effort might be made to institute free meals.

"I am sure that at many schools which I have inspected the children suffer hardship through living at a distance from the school and having to forego a good mid-day meal. Some of them, I was informed, lived three miles away, and brought their "lunch" with them. A glance at the "lunch" was sufficient to convince me that the food provided was insufficient for their need—added to which was the early and, in all probability, hurried and insufficient breakfast. Porridge as a standard breakfast dish is unknown in most houses."

YALDING.—Dr. de Villiers reports that the arrangements have been quite satisfactory. The canteen and the cookery class share the same premises.

The attendance has been very good, and those children who would otherwise have had to bring their dinners with them, on account of the distance of their homes from school, are attending regularly. These latter children, especially, seem to have derived considerable benefit from the hot mid-day meal. The parents evidently appreciate the convenience, as they continue to send their children to the canteen, the continuance of which seems to be very much desired. Dr. de Villiers, however, points out that it might be impossible to carry on indefinitely under present conditions, as much of the help was voluntary and given as “war work.”

PHYSICAL TRAINING.—The Kent Education Committee have recently considered the question of the appointment of an organising instructor of physical exercises, but have decided to defer taking any action in the matter.

JUVENILE EMPLOYMENT.

The Kent Education Committee have formulated a scheme for the exercise of powers under the Education (Choice of Employment) Act, 1910, over the whole of the administrative county. The scheme will supersede the existing local schemes and will provide for the establishment of juvenile employment committees and bureaux in each educational administrative area in the county.

The committees will be constituted as sub-committees of the Juvenile Employment Sub-committee of the Kent Education Committee. It is proposed also to appoint a Central Advisory Committee for juvenile employment work. It is probable that the County Borough of Canterbury will co-operate in the scheme, so that it may be put into operation also in the city area.

The scheme has been submitted to the Board of Education for approval. Meanwhile the Committee have appointed a county juvenile employment officer in the person of Mr. G. W. Packwood Clarke, at present juvenile employment officer to the Staffordshire Education Committee. Mr. Clarke will take up his duties on the 1st September, 1919.

EMPLOYMENT OF CHILDREN IN AGRICULTURE.—Although the question of the exemption of children from school attendance for agricultural employment does not come within the province of the School Medical Officer, the following information under this heading, relating to the year 1918, is of interest:—

Up to November 1st, 1918, the Kent Education Committee continued to grant licenses for the employment of children in agriculture on the same terms as before, viz., on the undertaking that the child shall be employed only under the supervision of the parent or the employer, on work which is suitable to its age and physical condition, and for not more than forty-eight hours in any week. The employer has also to state that his shortage of labour is acute, and that he has made every effort, supported by the offer

of reasonable wages, to secure labour, and more particularly by employing women. The parent is required to obtain from a duly qualified medical practitioner a certificate that the child is physically fit to undertake the proposed employment.

No licence is granted from October to March, except to boys of thirteen years of age or over, but in summer months boys and girls over twelve years of age are eligible.

In view of representations that were made, the Committee decided to suspend the issue of all licenses after November 1st, unless there should appear later to be urgent necessity for their continuance.

During the year 1918, 3,980 licenses (3,188 to boys and 792 to girls) were granted.

Children who have been granted licenses and who have returned to school, have been examined by the medical inspector at his subsequent visit. The extracts from the inspectors' reports given below concerning the effect of such employment are of interest, although somewhat divergent views are expressed. Taking the average child, I am of opinion that, although some may benefit physically from the outdoor life, yet a careful weighing of the disadvantages against any advantages shows that agricultural employment of school children is, in the majority of cases, likely to prejudice the after-career of the children concerned. Any overstrain at this period of life—and it is impossible to guard against this by means of bye-laws—may re-act in later years, and the loss of education is a lasting disability in nearly every walk of life.

DR. LIPSCOMB:—

“They have suffered in no way physically from their employment, but rather benefitted.”

DR. SELBY:—

“I have not in my inspections seen any child physically or mentally worse for it.”

DR. SELLS:—

“They do not appear to have suffered in health, but as far as education is concerned they have deteriorated considerably—one girl could scarcely read when she came back to school, though previously she was a good reader and was in Standard V. Some of the boys appear to have started on agriculture and then to have drifted into other employment, it being very difficult to follow them up. On the whole, if I may be allowed to express an opinion, I certainly think that the employment of school children on agriculture tends to throw them back as far as education is concerned, though they do not appear to suffer in health or physical development.”

DR. WIGLESWORTH:—

“Not one of the boys of school age who has been employed in agriculture has suffered any ill-effects from such employment. In fact, I am of opinion they have derived benefit from it.”

DR. DE VILLIERS:—

“(1) Physically. Children under the age of thirteen, unless they are employed on very light work and obtain plenty of nourishing food, should not be allowed to leave school on labour certificate.

“Over the age of thirteen and under suitable conditions of labour and feeding, there is, as a rule, no very great harm done. There are, however, many exceptions to this rule, and great care ought to be exercised with the granting of the medical certificates, with the supervision of the conditions of labour, and as to whether the shortage of labour is genuinely acute.

“(2) Educationally—there is everything against such employment.

“It seems thus, that except when absolutely necessary owing to shortage of labour, children of school age should not be employed in agriculture. ‘Shortage of labour’ sometimes means ‘cheap child labour.’ The children are keen, work well, and are apt to over-rate their strength and endurance.”

DR. MENDES GIBSON:—

“I feel sure that in cases of exceptional ability it is a great mistake to break into their school career, and is likely to be the cause of ruining their future life.

“As regards those of ordinary ability, I think the question depends upon whether the boy shows any particular taste for other than school life. In such cases I should encourage agricultural work as much as possible, for you are then giving him a greater chance of getting on well in the future, when his school life is over, and he will also have had quite enough education to meet his future requirements.

“As regards delicate children, and especially those with tubercular history, I am very strongly in favour of giving them as much outdoor life as possible, taking care that the work is not too hard, and the food and clothing good.

“As regards the dull and backward scholar, in many cases the brain power may be improved in every way by giving less school life, which bores him, and in which he does not take the slightest interest. Certainly in these cases shorten their school time as much as possible, and give them another chance of developing their brain power in some other way. I came across a boy not long ago who was exceptionally dull and backward as regards school work, but really showed more than average ability when I conversed with him on ordinary outdoor subjects.”

DR. DAVIDSON came to the conclusion that the granting of agricultural licenses is, on the whole, a most unsatisfactory measure. She points out that no selection appears to have been made in the case of each individual child, with the result that whilst the naturally robust child emerged with but little damage to health, the weak ones showed symptoms of overstrain—evidenced by a tired look, lack-lustre eyes, stooped shoulders, and rapid action of the heart. In such cases, Dr. Davidson imagines that the boys were given work which was unsuitable, such as lifting heavy weights and working long hours at a stretch, no measures being taken to conserve their strength.

These conditions were peculiar to the boys. No harm has resulted to the few girls seen, greater circumspection having evidently been shown in dealing with them.

Dr. Davidson is of opinion that, to attain the success hoped for by the granting of these licenses, greater care must be taken in making the selection and in allotting the work suited to each case. This would be helpful in the majority of cases.

No complaints have been received from head teachers of boys "getting out of hand" through their absence. On their return to school the boys naturally fall into the routine and discipline of the school.

A specific instance of the beneficial results of an open-air life was noted in the case of a child who, when the license was first granted, was regarded by the head teacher as seemingly hopelessly retarded. Dr. Davidson was agreeably surprised to find that, although the boy was still well below the average intelligence, he had gained immeasurably from his out-of-door employment, judging from his outlook on life. The boy seemed painfully conscious of his shortcomings as a scholar, and assured the inspector that he would attend a night school. He had thought to some good purpose. He appeared greatly interested in his work, was of fine physique, and should prove himself a good farm hand.

EXAMINATION OF SCHOLARSHIP CANDIDATES, PUPIL TEACHERS, OR TEACHERS OF ANY GRADE:—A scheme for the examination of pupils in the maintained secondary schools has been adopted, but the initiation has been deferred until after the war.

The table facing this page shows the results of the examination of scholarship children, pupil teachers, etc., by the whole-time medical inspectors or by the candidate's own doctors (who are asked to fill in the usual inspection schedule) during the year 1918.

TABLE 19

Examinations of Pupil Teachers, Bursars, etc., 1918.

Denomination of Persons.	Numbers examined.	Defects of										Recommendations made.									
		Teeth.		Articulation	Breathing.	Tonsils and Adenoids.	Ears.		Vision.	Squint.	Blepharitis.	Anæmia.	Scoliosis.	Flatfoot.	Heart Disease.	Other conditions.	Teeth.	Tonsils and Adenoids.	Vision.	Hearing.	Other conditions.
		4—	4 +				Deafness.	Discharge													
Female—																					
Bursars ...	17	6	1	...	2	2	...	...	1	...	...	...	1	...	...	1, synovitis and old dislocation of patella; 1, enlarged thyroid; 1, indigestion; 1, slightly marasmic; 1, chlorotic.	3	1	1	...	1, old dislocation of patella; 1, approval deferred one month pending treatment of tonsils and adenoids.
Pupil Teachers ...	66	23	2	4	2	5	...	...	6	...	...	1	...	2	2 functional	2, exophthalmic goitre; 1, gastric dyspepsia; 1, enlarged thyroid (slight); 1, tuberculosis of choroid; 1, slight lateral curvature; 1, neurasthenia; 1, marasmic (slight); 1, small goitre.	12	3	2	...	1, breathing exercises; 1, exercises for flat foot; 1, support for flat foot; 1, care in cycling (heart); 1, for re-examination (tuberculosis of choroid); 2, approval deferred (tonsils and adenoids) and 2, rejected (exophthalmic goitre).
Assts. in Secondary Schools ...	31	8	1	1	...	...	...	...	1	1	...	...	...	2	...	1, slight lateral curvature, 1, atrophy of right leg; 2, slightly choreic; 1, eczema of ear; 1, slight lateral curvature; 4, congestive pharyngitis; 2, slight deformity of tibia; 6, slight conjunctivitis; 1, suspected parenchymatous nephritis; 1, slight proptosis; 1, slight rachitis; 1, incipient tuberculosis of hip-joint; 1, genu valgum (slight); 1, ptosis (slight); 3, slight deformities of back.	7	...	1	...	1, exercises for slight lateral curvature.
FreePlace Scholars in Secondary Schools	161	49	11	14	5	18	3	...	10	2	...	1	3	5	16 functional, 2 organic	1, pharyngitis; 1, conjunctivitis.	56	7	9	1	1, rejected (tubercular hip-joint; 1, exercises for general muscular development; 1, physical drill (slight lateral curvature); 2, exercises for flat foot; 1, eczema of ear; 1, not to overstrain (heart); 1, approved subject to re-examination re proptosis; 1, approved subject to examination of urine (parenchymatous nephritis).
Senior Exhibitioners	6	...	3	...	1	...	...	...	...	...	...	...	1	...	2 functional	1, mild disseminated sclerosis.	3	...	...	...	1, breathing exercises.
Junior „	12	6	...	...	...	1	...	...	1	...	...	...	...	2	...	...	6	...	1	...	...
Special „	13	3	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	1	...	...
Student Teachers ...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Matron for Hostel ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1, mild disseminated sclerosis.	...	...	...	...	1, rejected.
Male—																					
Bursars ...	2	1	...	...	...	...	...	...	1	...	...	...	...	...	1 organic	1, old epilepsy.	1	...	...	...	1, rejected (old epilepsy and presystolic murmur).
Pupil Teachers ...	7	2	...	2	...	2	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...
Assts. in Secondary Schools ...	5	2	...	...	...	...	1	...	1	...	...	...	...	...	...	1, weak ankles; 1, dyspepsia.	2	...	1	...	...
FreePlace Scholars in Secondary Schools	101	35	5	3	...	11	2	...	20	3	1	4	5	4	3 functional, 1 organic	1, marasmic; 1, malnutrition; 1, tendency to chorea; 2, undescended testicle; 2 conjunctivitis; 1, photophobia; 1, epiphora; 1, congenital coxa vara.	35	5	10	...	3, flat foot; 2, anæmia; 2, care of heart; 1, undescended testicle; 1, for re-examination in three months (deafness).
Senior Exhibitioners	6	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1, slight catarrh of lungs.	1	...	...	...	...
Junior „	12	4	...	...	2	...	...	...	3	...	...	...	...	...	...	...	4	1	...	...	...
Special „	11	3	...	...	...	1	...	...	2	...	...	...	...	2	...	1, slight varicocele; 1, pyorrhœa; 1, slight (accidental) deformity right leg.	3	...	1	...	1, treatment for gums (pyorrhœa).
Student Teachers ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Boy Artificers ...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	1 functional	1, conjunctivitis, 1; pharyngitis.	...	...	...	...	...
Total ...	458	145	23	24	12	40	6	...	47	6	1	6	10	17	28	63	137	19	27	1	34

